Aetna Life Insurance Company

GR-700-WFQ

This policy for Qualified.	orm is for Comp	orehensive Lo	ong-Term Care	. This is a Groυ	ıp type p	olicy and is	classifie	ed as Tax
Maximum P	olicy Benefit	Amounts		Elimination Periods				
☐ 1 Yr.	✓ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	\square 0 days	✓ 60 (days	TY	PE
✓ 5 Yrs.	✓ 6 Yrs.	☐ 7 Yrs.	☐ Lifetime	\square 20 days	✓ 90 (days	✓ Cale	endar Day
☐ See compa	ny's notes, pp 1	03-121		✓ 30 days	□ 100	days	☐ Serv	vice Day
Nursing Hon	ne Daily Bene	efit Amounts		Inflation Pro	tection			
\$50 minimum offered in incre	to \$350 maximuements of \$1.	eek or month]	✓ 5% Compound ✓		✓ Guarantee	Guaranteed Purchase Option		
✓ per day □ per week □ per month				☐ 5% Simple ✓ See company's			any's no	tes, pp 103-
☐ See notes, ¡	op 103-121	☐ Not Availa	ble			121		
Home Care	Benefit Amou	unts		Residential Care Facility Daily Benefit Amount				Amounts
Represents th Benefit Amour	e percentage of nt.	the Nursing H	ome Daily	Represents the Benefit Amount	•	ge of the Nu	rsing Ho	me Daily
✓ 100%	✓ 90%	✓ 80%	✓ 75%	✓ 100%	□ 90%	□ 80	%	□ 75%
✓ 70%	✓ 60%							
☐ See compa								
Waiver of P	remium							

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Premiums waived upon satisfaction of the elimination period. Payments resume at end of each benefit period.

	30 Day Eliminat	ion Period.	90 Day Elimi	nation Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$351	\$1,159	\$302	\$1,012	Not Available	Not Available	
55	\$513	\$1,450	\$439	\$1,263	Not Available	Not Available	
60	\$799	\$1,936	\$684	\$1,678	Not Available	Not Available	
65	\$1,288	\$2,656	\$1,095	\$2,288	Not Available	Not Available	
70	\$2,027	\$3,460	\$1,714	\$2,957	Not Available	Not Available	
75	\$3,196	\$4,597	\$2,674	\$3,890	Not Available	Not Available	
80	\$5,196	\$6,479	\$4,271	\$5,386	Not Available	Not Available	

Continental Casualty Company

GLTC-3-P-CA-01-TQ

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum P	olicy Benefit A	Amounts		Elimination P	eriods			
✓ 1 Yr.✓ 5 Yrs.✓ See compar	✓ 2 Yrs. ✓ 6 Yrs. ny's notes, pp 10	✓ 3 Yrs. ✓ 7 Yrs. 03-121	✓ 4 Yrs.✓ Lifetime	☐ 0 days ☐ 20 days ☑ 30 days	✓ 60✓ 90☐ 100	•	TYPE ✓ Calenda ✓ Service	,
Nursing Hom	ne Daily Bene	fit Amounts		Inflation Prote	ection			
\$50 minimum to \$500 maximum per [day, week or montloffered in increments of \$10.				✓ 5% Compound ☐ Guaranteed Purch			d Purchase	Option
☑ per day	☐ per week	☐ per month		·			ny's notes,	pp 103-
\square See notes, p	op 103-121	☐ Not Availa	ble			121		
Home Care	Benefit Amou	unts		Residential C	Care Fa	acility Daily E	Benefit An	nounts
•	Represents the percentage of the Nursing Home Daily Benefit Amount.				Represents the percentage of the Nursing Home Daily Benefit Amount.			
✓ 100% ✓ 70%	□ 90% ⊻ 60%	□ 80% ⊻ 50%	✓ 75%	✓ 100% □ 70%	□ 90%	□ 80%		75%
	w 00% ny's notes, pp 10			⊔ <i>1</i> U70	□ See	company's not	es, pp 103-	121

Waiver of Premium

We will waive premiums starting with the first premium due after the Waiting Period. We will continue to waive premiums until the first of the month following the end of the Plan of Care.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$308	\$1,404	\$290	\$1,325	\$488	\$2,446	
55	\$416	\$1,596	\$392	\$1,506	\$661	\$2,757	
60	\$591	\$1,945	\$558	\$1,835	\$901	\$3,196	
65	\$848	\$2,356	\$800	\$2,223	\$1,245	\$3,755	
70	\$1,375	\$3,069	\$1,297	\$2,895	\$2,126	\$5,199	
75	\$2,145	\$3,967	\$2,024	\$3,742	\$3,478	\$7,001	
80	\$3,089	\$4,800	\$2,914	\$4,529	\$5,052	\$8,416	

John Hancock Life Insurance Company

PFACE(2002)-CA

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum P	olicy Benefit		Elimination I	Periods				
☐ 1 Yr.✓ 5 Yrs.✓ See compa	✓ 2 Yrs. ✓ 6 Yrs. ny's notes, pp 10	✓ 3 Yrs. ✓ 7 Yrs. 03-121	✓ 4 Yrs. ✓ Lifetime	☐ 0 days ☐ 20 days ☑ 30 days	⊻ 60 d ⊻ 90 d □ 100	ays	TYPE ✓ Calendar □ Service [,
Nursing Hon	ne Daily Bene	efit Amounts		Inflation Pro	tection			
\$50 minimum offered in incre ✓ per day	to \$ maximum pements of \$5.	er [day, week	-	✓ 5% Comp		See compa	d Purchase (any's notes, p	•
\square See notes,	pp 103-121	☐ Not Availa	ıble			121		
Home Care	Benefit Amou	unts		Residential	Care Fac	ility Daily I	Benefit Am	ounts
Represents the Benefit Amount	ne percentage of nt.	the Nursing H	ome Daily	Represents the Benefit Amoun		je of the Nur	sing Home D	aily
✓ 100%✓ 70%✓ See compa		✓ 80% ✓ 50% 03-121	✓ 75%	✓ 100% ✓ 70%	✓ 90%✓ See co	✓ 809 ompany's no	%	

Waiver of Premium

after an insured has met the qualification period and remains certified.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$274	\$847	\$245	\$756	\$343	\$1,066	
55	\$386	\$1,080	\$338	\$948	\$487	\$1,368	
60	\$588	\$1,526	\$516	\$1,339	\$761	\$1,978	
65	\$972	\$2,040	\$830	\$1,742	\$1,241	\$2,604	
70	\$1,596	\$2,873	\$1,330	\$2,393	\$2,038	\$3,665	
75	\$2,714	\$4,459	\$2,174	\$3,571	\$3,329	\$5,467	
80	\$4,618	\$6,926	\$3,552	\$5,328	\$5,438	\$8,158	

MedAmerica Insurance Company

GRP11-341-MA-CA-601

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

Elimination Periods

1 Yr. 2 Yrs. 3 Yrs. 4 Yrs. 7 0 days 7 60 days 179F

✓ Lifetime

75%

Nursing Home Daily Benefit Amounts

6 Yrs

☐ See company's notes, pp 103-121

\$50 minimum to \$ maximum per [day, week or month] offered in increments of \$10.

☐ 7 Yrs.

✓ per day □ per week □ per month

☐ See notes, pp 103-121 ☐ Not Available

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

✓ 100%☐ 90%☐ 80%☐ 70%☐ 60%☐ 50%

☐ See company's notes, pp 103-121

✓ 0 days ✓ 60 days ✓ 20 days ✓ 90 days ☐ Calendar Day
☐ 30 days ☐ 100 days ✓ Service Day

Inflation Protection

✓ 5% Compound ☐ Guaranteed Purchase Option
 ✓ 5% Simple ✓ See company's notes, pp 103-121

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

✓ 100%
 ☐ 90%
 ☐ 80%
 ☐ 75%
 ☐ 70%
 ☐ See company's notes, pp 103-121

Waiver of Premium

✓ 5 Yrs.

Premiums will be waived on a monthly basis starting: on the 1st day the Company will pay for benefits in a nursing facility, assisted living facility or hospice program; or on the 91st day the company will pay for benefits for home health care or adult day care.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$243	\$711	\$221	\$648	\$402	\$1,132	
55	\$360	\$900	\$328	\$820	\$582	\$1,435	
60	\$540	\$1,179	\$492	\$1,074	\$861	\$1,853	
65	\$828	\$1,566	\$754	\$1,427	\$1,296	\$2,435	
70	\$1,251	\$2,079	\$1,140	\$1,894	\$1,943	\$3,214	
75	\$1,881	\$2,754	\$1,714	\$2,509	\$2,911	\$4,231	
80	\$2,862	\$3,726	\$2,608	\$3,395	\$4,428	\$5,724	

Metropolitan Life Insurance Company

GPNP99-LTC-CA01/GC.LTC899C-CA01-C

Qualified.								
Maximum	Policy Benef	it Amounts		Elimination	Periods			
☐ 1 Yr.	☐ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	☐ 0 days	☐ 60 day	's	TYPE	
✓ 5 Yrs.	✓ 6 Yrs.	✓ 7 Yrs.	✓ Lifetime	☐ 20 days	✓ 90 day	rs 🗸	Calendar Day	
☐ See comp	any's notes, pp	103-121		✓ 30 days	☐ 100 da	ıys	Service Day	
Nursing Ho	me Daily Be	nefit Amount	s	Inflation Pr	otection			
\$75 minimum to \$300 maximum per [day, week or month offered in increments of \$25.				✓ 5% Compound ✓ Guara		Guaranteed P	anteed Purchase Option	
per day	☐ per week	□ per mon	th	✓ 5% Simp			s notes, pp 103-	
✓ See notes	, pp 103-121	☐ Not Avai	lable		1	121		
Home Car	e Benefit Am	ounts		Residential	Care Facilit	ty Daily Ber	nefit Amounts	
Represents Benefit Amo	the percentage unt.	of the Nursing	Home Daily	Represents the Benefit Amou	ne percentage nt.	of the Nursing	g Home Daily	
✓ 100%	✓ 90%	✓ 80%	✓ 75%	✓ 100%	✓ 90%	✓ 80%	✓ 75%	
✓ 70%	✓ 60%	✓ 50%		✓ 70%	✓ See com	pany's notes,	pp 103-121	
✓ See comp	any's notes, pp	103-121						

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax

Waiver of Premium

Premium payments are waived on the first of the month coincident with or following the date the insured fulfills the waiting period and is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$448	\$1,116	\$436	\$1,082	\$678	\$1,726	
55	\$665	\$1,463	\$648	\$1,419	\$980	\$2,189	
60	\$992	\$1,928	\$966	\$1,869	\$1,416	\$2,785	
65	\$1,522	\$2,599	\$1,483	\$2,520	\$2,097	\$3,620	
70	\$2,335	\$3,557	\$2,274	\$3,448	\$3,214	\$4,956	
75	\$3,609	\$4,959	\$3,513	\$4,804	\$4,931	\$6,878	
80	\$5,689	\$7,129	\$5,533	\$6,898	\$7,693	\$9,810	

Metropolitan Life Insurance Company

GPNP99-LTC-CA01/GC.LTC899C-CA01-S

Qualified.							
Maximum I	Policy Benefit	t Amounts		Elimination	Periods		
☐ 1 Yr.	☐ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	\square 0 days	\square 60 days	;	TYPE
✓ 5 Yrs.	✓ 6 Yrs.	✓ 7 Yrs.	✓ Lifetime	\square 20 days			Calendar Day
☐ See comp	any's notes, pp	103-121		✓ 30 days	☐ 100 day	/S ✓	Service Day
Nursing Ho	me Daily Ber	nefit Amount	s	Inflation Pro	otection		
	\$75 minimum to \$300 maximum per [day, week or montl offered in increments of \$25.						
✓ per day	☐ per week	per mon	th	✓ 5% Simple ☐ See comp			notes, pp 103-
✓ See notes,	pp 103-121	☐ Not Ava	lable		1.	21	
Home Care	e Benefit Am	ounts		Residential	Care Facility	y Daily Ben	efit Amounts
•	Represents the percentage of the Nursing Home Daily Benefit Amount.				e percentage ont.	of the Nursing	Home Daily
✓ 100%	✓ 90%	✓ 80%	✓ 75%	✓ 100%	✓ 90%	✓ 80%	✓ 75%
✓ 70%	✓ 60%	✓ 50%		✓ 70%	✓ See comp	oany's notes,	pp 103-121
✓ See comp	any's notes, pp	103-121					

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax

Waiver of Premium

Premium payments are waived on the first of the month coincident with or following the date the insured fulfills the waiting period and is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.		
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	
50	\$436	\$1,082	\$389	\$975	\$606	\$1,558	
55	\$648	\$1,419	\$578	\$1,278	\$875	\$1,975	
60	\$966	\$1,869	\$863	\$1,683	\$1,264	\$2,512	
65	\$1,483	\$2,520	\$1,323	\$2,268	\$1,871	\$3,262	
70	\$2,274	\$3,448	\$2,028	\$3,098	\$2,864	\$4,459	
75	\$3,513	\$4,804	\$3,127	\$4,308	\$4,388	\$6,175	
80	\$5,533	\$6,898	\$4,906	\$6,159	\$6,821	\$8,769	

The Prudential Insurance Company of America

83500 BFW 5005

This policy for Qualified.	orm is for Comp	orehensive Lo	ong-Term Care	. This is a Grou	up type	policy and is	classified as	Tax
Maximum P	olicy Benefit	Amounts		Elimination F	Periods			
☐ 1 Yr. ✓ 5 Yrs. ✓ See compa	✓ 2 Yrs. ☐ 6 Yrs. ny's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 03-121	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 90) days) days)0 days	TYPE ✓ Calendar □ Service [•
Nursing Hon	ne Daily Bene	efit Amounts		Inflation Pro	tection			
\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10. ✓ per day per week ✓ per month			_	✓ 5% Comp✓ 5% Simple		✓ Guarantee ✓ See compa		
\square See notes, \square	pp 103-121	☐ Not Availa	able			121		
Home Care	Benefit Amou	unts		Residential	Care F	acility Daily	Benefit Am	ounts
Represents th Benefit Amour	e percentage of nt.	the Nursing H	ome Daily	Represents the Benefit Amount	•	tage of the Nu	rsing Home D	aily
✓ 100%☐ 70%☐ See compa	☐ 90% ☐ 60% ny's notes, pp 1	□ 80% ☑ 50% 03-121	□ 75%	✓ 100% □ 70%	□ 90% □ See	company's no		
Waiver of P	remium							

Premiums are waived beginning the first day of the month after benefits are paid.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$246	\$794	\$218	\$702	\$350	\$1,125
55	\$360	\$1,039	\$319	\$919	\$511	\$1,473
60	\$527	\$1,360	\$466	\$1,203	\$747	\$1,928
65	\$794	\$1,626	\$702	\$1,439	\$1,125	\$2,306
70	\$1,193	\$2,161	\$1,056	\$1,912	\$1,692	\$3,064
75	\$2,007	\$3,185	\$1,776	\$2,819	\$2,846	\$4,517
80	\$3,408	\$4,859	\$3,016	\$4,300	\$4,833	\$6,890

Unum Life Insurance Company of America

TQGLTC95 ER COMP

This policy for Qualified.	rm is for Comp	rehensive Lo	ong-Term Care	. This is a Grou	p type policy a	and is classified as Tax	
Maximum Policy Benefit Amounts				Elimination Periods			
	✓ 2 Yrs. ✓ 6 Yrs. ny's notes, pp 10	✓ 3 Yrs. ☐ 7 Yrs. 03-121	☐ 4 Yrs. ✓ Lifetime	☐ 0 days ☐ 20 days ☑ 30 days		TYPE ☐ Calendar Day ☐ Service Day	
Nursing Home Daily Benefit Amounts			Inflation Protection				
month] offered	m to \$6000 max in increments o □ per week p 103-121			 ✓ 5% Compound ✓ Guaranteed Purchase Option ✓ 5% Simple ☐ See company's notes, pp 103 121 			
Home Care Benefit Amounts				Residential Care Facility Daily Benefit Amounts			
Represents the percentage of the Nursing Home Daily Benefit Amount.			Represents the percentage of the Nursing Home Daily Benefit Amount.				
✓ 100%☐ 70%☐ See compan	☐ 90% ☐ 60% ny's notes, pp 10	□ 80% ☑ 50% 03-121	✓ 75%	✓ 100% □ 70%	☐ 90% ☐ See compa	☐ 80% ☐ 75% ny's notes, pp 103-121	
Waiver of Pr	emium						
After satisfaction	on of the Elimina	ation Period ar	nd receiving ben	efits, premium wil	l be waived.		

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$263	\$626	\$230	\$558	\$439	\$1,022
55	\$335	\$724	\$299	\$644	\$544	\$1,148
60	\$446	\$875	\$396	\$774	\$716	\$1,364
65	\$688	\$1,228	\$608	\$1,087	\$1,069	\$1,868
70	\$1,112	\$1,786	\$986	\$1,584	\$1,721	\$2,707
75	\$1,987	\$2,909	\$1,760	\$2,578	\$2,999	\$4,324
80	\$3,110	\$4,216	\$2,758	\$3,737	\$4,648	\$6,224

MedAmerica Insurance Company

NGR11-341-MA-CA-601

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Non-Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. ☐ 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ✓ 0 days ✓ 60 days TYPE ✓ 20 days ✓ 5 Yrs. 6 Yrs ☐ 7 Yrs. ✓ Lifetime ☐ Calendar Day ☐ See company's notes, pp 103-121 ☐ 30 days ☐ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$50 minimum to \$ maximum per [day, week or month] ☐ Guaranteed Purchase Option offered in increments of \$10. ✓ 5% Simple ✓ See company's notes, pp 103-✓ per day per week per month 121 ☐ See notes, pp 103-121 ☐ Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% 75% **✓** 100% 90% 80% 75% 70% 60% 50% □ 70% ☐ See company's notes, pp 103-121 ☐ See company's notes, pp 103-121 Waiver of Premium

Premiums will be waived on a monthly basis starting: on the 1st day the Company will pay for benefits in a nursing facility, assisted living facility or hospice program; or on the 91st day the company will pay for benefits for home health care or adult day care.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$297	\$855	\$271	\$779	\$476	\$1,353
55	\$432	\$1,089	\$394	\$992	\$689	\$1,706
60	\$639	\$1,413	\$582	\$1,287	\$1,017	\$2,189
65	\$963	\$2,232	\$877	\$1,673	\$1,501	\$2,829
70	\$1,431	\$2,394	\$1,304	\$2,181	\$2,206	\$3,674
75	\$2,106	\$3,105	\$1,919	\$2,829	\$3,223	\$4,731
80	\$3,114	\$4,077	\$2,837	\$3,715	\$4,797	\$6,224